						1			
ſ.	NO. OF COPIES RECEIVED					1			
-	DISTRIBUTION	NEW MEXICO OIL							
L	SANTA FE				FOR ALL	4		Form C+104 Supersedes Old C+104 and C+110	
	FILE			- CMOE31	AND	j.worr		Effective 1-1-65	
-	U.S.G.S.	AUTHORIZATION TO TRAI				NE SEO MATHRAE	285		
-	LAND OFFICE				Harokij	SILL OF CONTRACT	JAJ		
-	OIL								
	TRANSPORTER GAS								
-	OPERATOR								
4	PROR-TION OFFICE								
	Operator				- <b>-</b>		-		
	Southland Royalty Company Address								
	P. O. Drawer 570, Farmington, New Mexico 87499-0570								
}	Reason(s) for filing (Check proper box)  Other (Please explain)								
	New Well XX Change in Transporte: of:								
	Recompletion Cil Dry Gas								
1	Change in Ownership Casinghead Gas Condensate								
L									
1	f change of ownership give name and address of previous owner								
11	DESCRIPTION OF WELL AND I	EASE							
1	Lease Name	Well N	Well No.   Pool Name Including Formation   Kind of Lease						
	Bixler Ranch 1 E. Blanco Pictured Cliffs Ext State, Federal or Fee FEE								
	Unit Letter E: 1790 Feet From The North Line and 900 Feet From The West								
į	Line of Section 26 Township 30N Range 4W , NMPM, Rio Arriba County								
				CONTRACT					
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off	ER OF U	or Condensate	TURAL OF	Address (C	ive address to which app	roved copy of this	form is to be sent)	
	Name of Admortzed 1.2.3550131 of Sta			\		,			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address					ive address to which app	roved copy of this	; form is to be sent)	
	Northwest Pipeline Corporation P.O. Box 90, Farminton, New Mexico 87401								
	That Sec. We. Ede.			P.ge.	Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks.	, i !	i	•	N	[O			
	If this production is commingled with that from any other lease or pool, give commingling order number:								
	COMPLETION DATA								
1 ♥ .		(3/)	Oil Well	Gas Well	New Well	Workover Deepen	Plug Back	Same Restv. Diff. Restv.	
	Designate Type of Completic	on = (X)	1	x	<u> </u>				
	Date Spudded	pl. Ready to Prod.		Total Depth		P.B.T.D.	P.B.T.D.		
	9-06-81	10-15-81			4310'			4292'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/G		Tubing Depti		
	7277' GL	Pictured Cliffs				4002	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Depth Casing Shoe	
	Perforations						Depth Casino	•	
	4002'-4263'								
	TUBING, CASING, AND					ING RECORD			
	HOLE SIZE	CAS	ING & TUBI	NG SIZE	DEPTH SET		SACKS CEMENT		
	12-1/4"	8-5/8"				218'	150 sacks		
	7-7/8"	4-1/2"				4329'	230 sacks		
	1-110	1-1/2"				4210'			
					<u> </u>				
v	TEST DATA AND REQUEST F	OR ALLO	WABLE (	Test must be	after recover	y of total volume of load	oil and must be eq	qual to or exceed top allow	
٧.	OII. WELL able for this c				epth or be fo	r full 24 hours)			
	Date First New Cil Run To Tanks	inks Date of Test			Producing Method (Flow, pump, gas lift, etc.)				
					Chaba Sia-	<del> </del>			
	Length of Test Tubing P		Pressure		Casing Pressure		Choke Size	Choke Size	
					A Park				
	Actual Prod. During Test	ring Test Oil-Bbls.			Water - Bb	1.	GGS-MCF	Gas - MCF	
				1					
		<del></del>			i N	OV 19 1981			
					ą · `	" 1 # J 1001			

503 Testing Method (pitot, back pr.) Back Pressure VI. CERTIFICATE OF COMPLIANCE

GAS WELL

Actual Prod. Test-MCF/D

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Length of Test

3 hours

Tubing Pressure (Shut-in)

1010

(Signature) District Production Manager

(Date)

(Title)

November 18, 1981

This form is to be filed in compliance with RULE 1104.

BH OCELING MADE

11-19-81

APPROVED.

VON

BY Original Signed by FRANK T. CHAVEZ \$09,80808 P CT NOT JE

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

OIL CONSERVATION COMMISSION

Gravity of Condensate

3/4"

Choke Size

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.